



Nicholas A. Toumpas
Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

NOTICE OF PRIVACY PRACTICES

FORM GM 502

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Purpose of this Notice

The New Hampshire Department of Health and Human Services (NHDHHS) is required by law to maintain the privacy of your personal health information. We are now required by the federal Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-191, and HIPAA regulations, 45 CFR Part 160 and 164, to provide you with this Notice of our privacy practices, our legal duties, and your rights concerning your health information. This Notice will take effect on **April 14, 2003** and will remain in effect until it is replaced. NHDHHS must abide by all terms of this Notice as long as it is in effect. NHDHHS reserves the right to revise or change this Notice at any time. Any such revision will affect information we already have about you and any information we receive in the future. If there is any significant change in our privacy practices, this Notice will be changed and the new Notice will be mailed to you. You do not have to call or do anything in response to this Notice. If you do have any questions about this Notice, please direct your questions to:

HIPAA Privacy Officer
New Hampshire Department of Health and Human
Services
129 Pleasant Street
Concord, NH 03301
1-800-852-3345 ext. 4329 (within NH only)
(603) 271-4329 or
www.dhhs.state.nh.us/dhhs/ops

How NHDHHS Will Use or Disclose Your Health Information

NHDHHS uses and discloses your health information for the following purposes:

Treatment: We may use or disclose your health information to provide, coordinate, or manage your health care treatment between health care providers. For example, this may include the coordination of treatment by your health care provider with a third party, consultation between health care providers relating to you, or referral for your health care from one health care provider to another.

Payment: We may use or disclose your health information to determine and remit proper payment for health care treatment or services you receive, or to receive payment for health care treatment provided to you at a NHDHHS treatment facility. For example, your health information may be used to determine eligibility for coverage, billing, claims management and collection activities.

For Health Care Operations: We may use or disclose health information about you for operational purposes. For example, your health information may be used to conduct quality assessment and improvement activities, to conduct fraud and abuse detection programs, and for business planning and development. It may also be used for professional review of health care professionals, auditing services, claims adjudication,

underwriting and general administrative activities of NHDHHS.

Other Possible Uses and Disclosures

Disclosures Required by Law: We may use or disclose information about you when we are required to do so by law. NHDHHS may disclose your health information to comply with a court order, an administrative order, a subpoena, a discovery request or other lawful process, report information related to victims of abuse or neglect, or to a law enforcement official for a law enforcement purpose.

Public Health: Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability.

Health Oversight Activities: NHDHHS may use or disclose your health information for oversight activities authorized by law, including audits, civil, administrative or criminal investigations, or other activities necessary for appropriate oversight.

Direct Contact: NHDHHS may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Research: NHDHHS may use your personal health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

Health and Safety: Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Government Functions: Your health information may be used or disclosed to carry out specialized government functions, such as protection of public officials, for national security, to correctional institutions, or to another agency administering a public benefits program.

Worker's Compensation: Your health information may be used or disclosed in order to comply with the laws and regulations related to Worker's Compensation.

Decedents: Your health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Any Other Use and Disclosure: Any use or disclosure of your personal health information other than referenced above will require NHDHHS to obtain your written authorization. You have the right to revoke any such authorization.

Your Health Information Rights

You have the following rights regarding the medical information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy medical information NHDHHS maintains about you. To inspect and copy your medical information, please submit your request in writing to the HIPAA Privacy Officer at the address given above. If you request a copy of this information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances.

Right to Amend: If you feel that the health information we maintain about you is incorrect or incom-

plete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by NHDHHS. Your request for an amendment must be submitted in writing to the HIPAA Privacy Officer at the address listed above.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for NHDHHS;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures," if any such disclosure was made for any purpose other than treatment, payment, healthcare operations or certain other authorized disclosures.

To request an accounting of disclosures, you must submit your request in writing to the HIPAA Privacy Officer at the address listed above. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member

or friend. ***We are not required to agree to your request for restrictions.*** To request restrictions, you must submit your request in writing to the Privacy Officer listed above. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at home, at work or by mail. To request confidential communications, you must submit your request in writing to the HIPAA Privacy Officer listed above. Where possible, we will accommodate all reasonable requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may ask us to give you a copy of this Notice at any time. You may obtain a copy of this Notice at our website at www.dhhs.state.nh.us/dhhs/ops or by contacting the HIPAA Privacy Officer referenced above.

How to File a Complaint

If you believe your privacy rights have been violated by NHDHHS, you may file a complaint addressed to the HIPAA Privacy Officer, NHDHHS, 129 Pleasant Street, Concord, NH 03301, or at our website at www.dhhs.state.nh.us/dhhs/ops. Your complaint must be in writing. You may also file a complaint with the federal government by contacting the Secretary of the Department of Health and Human Services at 200 Independence Ave., SW, Washington, DC 20201. **You will not be penalized or retaliated against for filing a complaint.**